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## ORIGINAL ARTICLES

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### GRADUATE INSTRUCTION FOR PHYSICIANS IN GENERAL PRACTICE \*

By T. C. ROUTLEY, M. D., Toronto, Canada

Mr. Chairman, Ladies, and Gentlemen: To be with you today and to be accorded a place on your program is a privilege and an honor which I highly appreciate. Permit me at the outset to state that I bring you cordial greetings from your brother practitioners in Canada, many of whom will, no doubt, co-mingle with you during the next week. As their representative and advance guard, I must state that the warmth and heartiness of the welcome which has been accorded to me bespeaks for my home colleagues a most kindly and pleasant atmosphere during their sojourn among you.

The subject which I have selected to take up with you is "Graduate Instruction for Physicians in General Practice." As secretary of the Ontario Medical Association for the past five years, and, more recently, having been appointed general secretary of the Canadian Medical Association, it has been both a duty and a pleasure for me to be somewhat intimately associated with the study of this problem.

There is a command which says: "Go ye into

all the world and preach the Gospel." The Gospel which it would be my pleasure to spread is one which would make better doctors for better service. And, after all, what higher calling is there than that which the followers of our noble art enjoy—and to whom is given such privileges and responsibilities as befall the lot of the physicians, especially the family physician, the physician in general practice.

The message, then, that I particularly wish to bring to you, and the thought to which I humbly desire to direct your attention has to deal with one of the greatest problems confronting teachers and practitioners of medicine alike; namely, to repeat, graduate instruction for the men in general practice—or, to put it in other words, "brushing up" at home; or keeping up to date while remaining on the firing-line.

The situation is no doubt one which at some time or other has engaged the attention of each one of you. Without question, it is admitted that the general practitioner must keep abreast the times if he is to render efficient service. But how is he to do it? The logical answer is: by keen observation, reading, contact education among his fellows at scientific meetings, and post-graduate work at the available centers. To this, the busy general practitioner answers: "At the end of a long day I am frequently too tired to read. (His inspiration is not strong enough to combat physical fatigue.) I live very largely in a professional world of my own, working out my problems in my own way. Go away to brush up! There are two outstanding difficulties in the way, namely, I have no one to leave in my place to take care of my people; and, secondly, the cost is too great owing to the fact that all is going out and nothing coming in while I am away; so I don't go away to post-graduate, with the result that the years come and go, finding me just a little further behind until—well, the rest of the picture is well known to you all." And lying back of the restraining reasons which are advanced is the outstanding psychological factor of the deficient stimulus ultimately leading on to placid resignation.

Possibly, in an endeavor to bring out the picture in bold relief, one may have exaggerated it somewhat; but, fundamentally, our premises are correct.

Is it necessary to brush up? asks a calculating layman. So far as I can see our old family doctor of thirty years ago gave us just as good service as the modern physician of which you speak. (Yes,

\* Doctor Routley, who is secretary of the Canadian Medical Association, was a guest of the California Medical Association at its Fifty-second Annual Meeting and an official delegate to the American Medical Association. This paper was read by invitation before the General Meeting of the California Medical Association in San Francisco, June 23, 1923.

bless the old patriarchs, and maybe better service, from the point of view of their patients of those days.) But what do we find has transpired in the realms of medical science during those thirty years, or the last twenty years, or ten years? The forward march bringing in blood, chemistry, metabolism, serum therapy, X-ray, radium, insulin, and the host of other accessories to the practice of medicine, bears unquestionable testimony to the advances which have been made. Is it not agreed, then, that, if these advances are to be placed at the service of the public, the general practitioner must be in a position to either utilize them or to see that their utility has a place in the lives of his patients?

And gentlemen, while we lay stress upon the advantages of learning new ideas, new applications, let us not lose sight of the equally paramount importance of keeping original knowledge so refreshed as to be of the greatest value in the life and work of the physician. This is a serious and vexed problem which must be squarely faced—certainly if not in California, in many parts of the country.

Fortunately, in the opinion of many, there is much that can be done, and it is of one solution that I primarily presented myself before you to touch upon. In brief, it is this: "Take the school to the men, rather than ask the men to come to the school."

In the Province of Ontario, an area with a population of 3,000,000, including 3400 medical practitioners, an honest attempt was made two years ago to carry graduate instruction to the men in practice. At that time, although the Ontario Medical Association was in its forty-first year, it had less than 1000 members and an annual budget considerably below \$5000.

A representative committee on education was appointed and vested with the necessary authority to complete a plan and put it into operation. There are three medical teaching centers in the province. Each faculty was asked to appoint contributors who would be willing to go out upon call to any part of the province. In addition, individual members outside the teaching centers who felt that they could deliver messages to their fellows were asked to help. In this manner, a schedule comprising 159 contributions on medical and allied subjects was prepared, printed and mailed to all practitioners in the province, with a covering statement that the provincial association would, upon request, bear the cost of sending six speakers to each county society during the following year. The local society was to choose both subject and speaker—the association undertaking to carry out all the necessary arrangements. Now, what happened. All over the province men began to discuss the advantages of the offer. Where no county medical society existed, one was quickly formed, and in a short space of time as many as ten speakers in one day were going out to the four corners of the province. In all, during the first year 231 speakers visited areas totaling approximately 60 per cent of the province. I had the privilege of attending and of assisting in organizing many of the county societies. When I tell you that in one typically rural society, with a total medical population of fifty-five, frequently forty-five

to forty-eight men turned out in an evening, bombarding the speaker with questions up to 1 a. m., and then set out to drive twenty-five to fifty miles home, you will realize with what eagerness and appreciation the plan was adopted. It was not long until we had established forty-three active units in the association, with a membership of over 2000, paying an annual membership fee of \$10. In addition to the funds thus raised, the plan received during its first year possibly its greatest tribute of appreciation in the form of a gift of \$5000 from the Canadian Red Cross Society, the officials of that body thus putting themselves on record that they knew of no better way of assisting in the relief of suffering and the prevention of disease than by helping to make better qualified doctors in all parts of the province.

Last year, the schedule was revised, 307 contributions being offered from which the profession might select topics of their choice. Again the Red Cross gave the association a second grant of \$5000, and the number of speakers sent out to each society—cost free to the society—was increased to eight. During the second year's operation of the schedule, close upon 275 addresses or demonstrations were given, making a grand total for the two years' operation of something over 500. Between 70 and 80 per cent of the area of the province was accordingly reached. Larger centers make up balance.

And now, may I retrace and give you a brief resumé of the plan:

1. The schedule now listing 359 contributions but *not* the names of the associated speakers, was sent to every practitioner in the province. This created first interest.
2. The county society first chooses its subjects and then, from the names of the associated speakers supplied by the central office of the association, *chooses* its speakers. Each member has his chance.
3. Speakers are called to address regular meetings of the county society, or special meetings arranged for the purpose, while in some centers a series of lectures on one branch, such as the heart, the kidneys, the lungs, are given.
4. The county society is responsible for at least one local paper at each meeting.
5. Both the speaker and the county society must file a report of each meeting which reports show the number of practitioners in the area, the number attending the meeting, program presented, whether the discussion was poor, bad, fair, good, or excellent; and such other information as in the opinion of the one reporting will assist in checking up the success or failure of the plan.

Not only does this reporting present illuminating and useful information, but it serves to keep all concerned carefully tabulated.

6. At the close of the year a chart is issued showing to what extent all parts of the province have utilized the services offered.

Time will not permit to make many observations upon the institution and carrying out of this type of post-graduate work, but possibly you will bear with me while I cite a few of the advantages.

Practically the whole medical profession of the

Province of Ontario has been organized into county or district societies.

These societies are meeting more or less regularly.

In addition to receiving and listening to post-graduate speakers sent them, local men are being encouraged to present papers. There has been a noticeable increase in the number of local men taking part.

A wonderful spirit of harmony, co-operation, and good fellowship is to be found in the respective counties, and also in the provincial association.

A real stimulus to reading has been supplied, and as far as can be ascertained from various sources the men are evincing a keener interest in medical literature.

In increasing numbers practitioners are arranging to get away to the academic centers. This spring the Ontario Medical Association received over 600 applications from the profession of the province, desiring to attend the diabetic clinics being given at the Toronto General Hospital by Banting and his associates.

Here are a few notations taken from the reports received at the provincial headquarters of the Ontario association:

"One lecture which we had was quite worth more than the annual membership fee in the association."

"It is a splendid piece of work and appreciated by the men of our district."

"Not only is it proving of great scientific benefit to our men, but it, in a large measure, accounts for the wonderful change of heart which has come over them in their feeling of marked cordiality toward the Ontario Medical Association and all of its work."

"Our men are being stimulated to prepare and read papers. The progress which has been made along this line during the past year has been very gratifying."

"It is doubtful if the men in larger centers realize how we men in the country districts appreciate these speakers coming to us from time to time."

It would be impossible for one to either comprehend or appraise the full value or the real significance of the *profession* doing this work for *itself* in this way. The fact remains that knowledge is being disseminated in a manner of distinct helpfulness, and with a minimum of inconvenience and loss of time and money to the man in general practice. At the same time, personal contact, which inspires harmony and confidence; mental stimulus, which makes men want to read and improve their knowledge; unity of thought and purpose, which can accomplish all good things—all of these are intimately interwoven and correlated with the work which I have endeavored to describe. The ultimate object—the *raison d'être*—of it all is simply this: that the public is receiving a better type of service, to which it is properly entitled, and the faith in the family physician is being restored and placed on that pinnacle which we believe it once occupied, but

from which, for various reasons during the past few decades, it appears to have fallen.

In conclusion, gentlemen, may I be permitted to cite to you one further benefit which I think has accrued to the public and to the profession of Ontario from the campaign of education to which I have referred.

For many years we have been endeavoring to secure medical legislation which would protect the public from the charlatans and parasites who are ever eager to prey upon the gullible and credulous.

Two months ago a medical bill was introduced which defines the practice of medicine (we think satisfactorily), puts up the bars to the irregulars, and places prosecutions in the department of the Attorney-General rather than in the hands of the medical profession where they are misconstrued by the public as persecutions.

Because we were organized and in a position to show the 110 legislative members that we were honestly endeavoring to give to the public service born of real effort and education, it is with considerable pride that I tell you that this medical bill went through the House and has become law, receiving in its final passage the endorsement of the entire Assembly.

If our plan is feasible (and we think it is) why not make it universal. Maybe you have it here. If not, I strongly urge you to adopt it.

Again, Mr. Chairman and gentlemen, permit me to say how delighted and honored I am to be with you today, and to thank you for the most courteous attention which you have given me.

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**Operative Treatment of Certain Fractures of Long Bones**—The principle of "nothing" has been employed by John J. Moorhead, New York (Journal A. M. A., April 28, 1923), in a series of cases reported, and success by this procedure has been so gratifying that in future many recent and old cases previously subjected to nonoperative reduction will be managed by this method. The time to operate is within the first thirty-six hours, if possible, the earlier the better, if there are none of the usual operative contraindications. The fragments are notched by a rongeur, chisel, saw or "bone notcher." Advantages claimed for this method are: (a) More accurate coaptation means firmer, earlier union in more exact alignment. (b) With the assurance that definite coaptation has been obtained, there is less danger of interposition of soft or hard parts which would prevent or impede union. (c) Primary neural or vascular damage is more readily discovered and corrected; secondary neural or vascular damage from pressure or callus inclusion is very unlikely. Disadvantages are: (a) Fractures are put into the operative class with the attendant risks of anesthesia and infection. (b) The method is needlessly severe and dangerous, since good results have heretofore been obtained by simpler methods. (c) It is inapplicable for general use. (d) It produces shortening. This is usually slight and of no importance. The method is particularly adapted to recent displaced or old malunited fractures of the shaft of the radius, ulna, tibia and humerus, in the order named. The femur is not included because skeletal traction is here so effective. Joint fractures are usually amenable to closed correction, perhaps excepting those of the elbow and some at the shoulder and ankle.